

FILED/ACCEPTED NOV 20 2007

Federal Communications Commission Office of the Secretary

LIFELINE CENTER FOR CHILD DEVELOPMENT, Inc.

A non-profit psychiatric day treatment center and special education school

80-09 Winchester Blvd., Queene Village, N.Y. 11427 718-740-4300 Fax - 718-217-9566 PRESCHOOL FAX - 718-479-7853

March 5, 2007

CC: 02-6

DOCKET FILE COPY ORIGINAL

Federal Communications Commission Office of the Secretary 445 12th Street S.W.

RE: Docket NO. 02-6 APPEAL Billing Entity No. 12557 Form 471 Application #513905 Funding Requests #'s 1416717, 141678, 1416850 Form 471 Application #515347 Funding Request #'s 1418143, 1418171, 14181220, 14183309

To Whom It May Concern:

I am writing to you on behalf of our program which serves seriously emotionally disturbed children in New York City. I am requesting that the FCC review the material which is being submitted and render a favorable decision on behalf of our school.

Enclosed please find Lifeline Center's Appeal (See Appendix 1A & 1B), as well as, USAC response to our Appeal (See Appendix 2A & 2B).

I am also enclosing correspondence between our agency and USAC "Selective Review" and "Program Integrity" (See Appendix #3), in which we are asked to respond to vendor selection and clarifications of contracts, etc.

I am also submitting copies of e-mails and correspondence between service providers that we selected and Lifeline Center.

Washington, D.C. 20554

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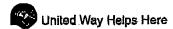
"in Memoriam

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I believe that we had agreed upon contracts and filed our 471 on line within the allowed deadline. In mailing out the signed contract with the attachment #21 certification an error was made by our financial officer, who signed them on the day of mailing (see Appendix 5), not realizing that the contracts had to be signed at the time of filing the 471.

I am, therefore requesting that you reverse the USAC decision and restore the funding to us.

Thank you for your attention to this matter.

Respectfully yours,

Dr. Joseph Zacherman Executive Director

JGZ:mag Enc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A Significant B Agent Addressee
so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permite.	B. Received by (Printed Name) G. Date of Delivery
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2. Article Number 7006 2150 0003 2651 7548 (Transfer from service label)	
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_As requested

For appropriate action

Original being sent via mail

FAX COVER SHEET

Per our conversation

For your file

For your information

DATE_11/7/07
TO BE Adrian WRIGHT
FAX# 202-418-7361
FROM DR JOSEPH ZACHERMAN
NUMBER OF PAGES 4 Including Cover
Action to be taken:

COMMENTS: ATTACHED ARE COPIES OF

POST OFFICE PECEIPTS + Appeal

Letter

Luck your

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